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UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

WESTERN DIVISION

[UNDER SEAL]

Plaintiff[s],

v. [UNDER SEAL]

Defendant[s].

Case No C V 16 - 008 3 5 SVV (RAOX)

FILED IN CAMERA AND UNDER SEAL PURSUANT TO 31 U.S.C. § 3730 (b)

COMPLAINT FOR VIOLATIONS OF THE FEDERAL FALSE CLAIMS ACT

JURY TRIAL DEMANDED

DO NOT ENTER ON PACER
DO NOT PLACE IN PRESS BOX

COMPLAINT

CASE NO:



JEFFREY F. KELLER (SBN 148005) ifkeller@kellergrover.com KATHLEEN R. SCANLAN (SBN 197529) kscanlan@kellergrover.com KELLER GROVER, LLP 1965 Market Street 5 San Francisco, California 94103 Telephone: (415) 543-1305 6 Facsimile: (415) 543-7861 7 JULIE BRACKER (GA Bar No 073803) **BRANDON HORNSBY** 8 Julie@Fcacounsel.com (GA Bar No. 367680) JASON MARCUS (GA Bar No 949698) BH@Hornsbylaw.com jason@fcacounsel.com HORNSBY LAW GROUP BRACKER & MARCUS LLC 118 W. Peachtree St. NW #2220 3225 Shallowford Road, Ste 1120 Atlanta, GA 30309 11 Marietta, GA 30062 Telephone: (404) 577-1505 12 Telephone: (770) 988-5035 Facsimile: (404) 577-1565 Facsimile: (678) 648-5544 Attorneys for Relator 15 UNITED STATES DISTRICT COURT 16 CENTRAL DISTRICT OF CALIFORNIA 17 WESTERN DIVISION Case No. C V 1 6 - 0 0 8 3 5 SW (RAOX) 18 [UNDER SEAL] 19 FILED IN CAMERA AND 20 Plaintiff[s], **UNDER SEAL PURSUANT TO** 21 ٧. 31 U.S.C. § 3730 (b) 22 **COMPLAINT FOR VIOLATIONS** [UNDER SEAL] 23 OF THE FEDERAL **FALSE CLAIMS ACT** 24 Defendant[s]. 25 JURY TRIAL DEMANDED 26 DO NOT ENTER ON PACER 27 **DO NOT PLACE IN PRESS BOX** 28 **COMPLAINT** 

CASE NO:

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15	Llorens Pembrook	
16	UNITED STATES	DISTRICT COURT
17	CENTRAL DISTRIC	CT OF CALIFORNIA
18	WESTERN	DIVISION
19	UNITED STATES OF AMERICA ex	Case No.:
20	rel LLORENS PEMBROOK,	
	Plaintiff-Relator	FILED IN CAMERA AND
21	V.	<u>UNDER SEAL PURSUANT TO</u> 31 U.S.C. § 3730 (b)
22	PROVIDENCE HEALTH &	<u> </u>
23	SERVICES, PROVIDENCE	COMPLAINT FOR VIOLATIONS
24	TARZANA MEDICAL CENTER,	OF THE FEDERAL
	PROVIDENCE HOLY CROSS	FALSE CLAIMS ACT
25	MEDICAL CENTER, PROVIDENCE	
26	LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE,	JURY TRIAL DEMANDED
27	PROVIDENCE SAINT JOHN'S	DO NOT ENTER ON PACER
	HEALTH CENTER, PROVIDENCE	DO NOT PLACE IN PRESS BOX
28	SAINT JOSEPH MEDICAL CENTER,	
	COMPLAINT	CASE NO:

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1	PROVIDENCE TRINITYCARE
2	HOSPICE - CERRITOS,
	PROVIDENCE TRINITYCARE
3	HOSPICE – TORRANCE,
4	PROVIDENCE TRINITYKIDS CARE,
	PROVIDENCE HEALTH &
5	SERVICES -OREGON, PROVIDENCE
6	HOOD RIVER MEMORIAL
7	HOSPITAL, PROVIDENCE
/	MEDFORD MEDICAL CENTER, PROVIDENCE MILWAUKIE
. 8	HOSPITAL, PROVIDENCE
9	NEWBERG MEDICAL CENTER,
	PROVIDENCE PORTLAND
10	MEDICAL CENTER, PROVIDENCE
11	SEASIDE HOSPITAL, PROVIDENCE
12	ST. VINCENT MEDICAL CENTER,
12	PROVIDENCE WILLAMETTE FALLS
13	MEDICAL CENTER, BENEDICTINE
14	HOSPICE, PROVIDENCE HOSPICE –
	MEDFORD, PROVIDENCE HOSPICE
15	– HOOD RIVER, PROVIDENCE
16	HOSPICE –PORTLAND,
17	PROVIDENCE HEALTH &
17	SERVICES - WASHINGTON,
18	PROVIDENCE CENTRALIA
19	HOSPITAL, PROVIDENCE ST.
	JOSEPH'S HOSPITAL, PROVIDENCE MOUNT CARMEL HOSPITAL,
20	PROVIDENCE REGIONAL
21	MEDICAL CENTER COLBY
22	CAMPUS, PROVIDENCE ST. PETER
22	HOSPITAL, PROVIDENCE HOLY
23	FAMILY HOSPITAL, PROVIDENCE
24	SACRED HEART CHILDREN'S
	HOSPITAL, PROVIDENCE SACRED
25	HEART MEDICAL CENTER,
26	PROVIDENCE ST. MARY MEDICAL
	CENTER, SOUNDHOMECARE AND
27	HOSPICE, HOSPICE OF SEATTLE
28	PALLIATIVE CARE, HOSPICE AND

COMPLAINT

CASE NO:

HOME CARE OF SNOHOMISH COUNTY, PROVIDENCE HEALTH & SERVICES - MONTANA, ST. PATRICK HOSPITAL, PROVIDENCE ST. JOSEPH MEDICAL CENTER, PROVIDENCE HEALTH SYSTEM -SOUTHERN CALIFORNIA, PROVIDENCE TRINITYCARE HOSPICE, Defendants. 1965 Market Street, San Francisco, CA 94103 Tel. 415.543.1305; Fax 415.543.7861 KELLER GROVER LLP 

CASE NO:

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Relator Llorens Pembrook, on behalf of himself and the United States of America, brings this action and shows the following:

#### JURISDICTION AND VENUE

- This action arises under the Federal False Claims Act, as amended, 31 U.S.C. §§ 3729 et seq.
- This court has subject matter jurisdiction over this action pursuant to 28 2. U.S.C. § 3732(a), 31 U.S.C. § 3732(b), and 28 U.S.C. § 1331.
- 3. This court has personal jurisdiction over Defendants and is a proper venue pursuant to 31 U.S.C. § 3732(a) and 28 U.S.C. § 1931(b) in that Defendants do or transact business in this jurisdiction and the violations of the False Claims Act described herein were carried out in this district.

#### PARTIES TO THE ACTION

- Providence Health & Services ("Providence") is the third largest not-for-4. profit health system in the United States, operating 34 hospitals, 475 physician clinics, 22 long-term care facilities, and 19 hospice and home health programs across Alaska, California, Montana, Oregon, and Washington.
- Providence serves over 7,000 people in home health and palliative care 5. programs on a daily basis.
- Providence Tarzana Medical Center; Providence Holy Cross Medical 6. Center; Providence Little Company of Mary Medical Center Torrance; Providence Saint John's Health Center; Providence Saint Joseph Medical Center; Providence TrinityCare Hospice - Cerritos; Providence TrintyCare Hospice - Torrance; Providence TrinityKids Care; Providence Health & Services - Oregon; Providence Hood River Memorial Hospital; Providence Medford Medical Center; Providence Milwaukie Hospital; Providence Newberg Medical Center; Providence Portland Medical Center; Providence Seaside Hospital; Providence St. Vincent Medical Center; Providence Willamette Falls Medical Center; Benedictine Hospice; Providence Hospice - Medford; Providence Hospice - Hood River; Providence

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- 1 Hospice Portland; Providence Health & Services Washington; Providence
- 2 | Centralia Hospital; Providence St. Joseph's Hospital; Providence Mount Carmel
- 3 Hospital; Providence Regional Medical Center Colby Campus; Providence St.
- 4 Peter Hospital; Providence Holy Family Hospital; Providence Sacred Heart
- 5 Children's Hospital; Providence Sacred Heart Medical Center; Providence St.
- 6 Mary Medical Center; Soundhomecare and Hospice; Hospice of Seattle Palliative
- 7 Care; Hospice and Home Care of Snohomish County; Providence Health &
- 8 | Services Montana; St. Patrick Hospital; Providence St. Joseph Medical Center;
- 9 Providence Health System Southern California; and Providence TrinityCare
  - Hospice are Providence-owned locations offering palliative care services.
  - 7. Providence Tarzana Medical Center ("Tarzana") is a 245-bed facility purchased by Providence Health & Services in July 2008.
  - 8. Tarzana has an average daily census of 173 patients. Usually approximately 5-10 patients are on palliative care at a time, and approximately 80%-90% of those
- patients are Medicare beneficiaries, with the remainder as private insurance.
  - 9. Providence TrinityCare Hospice ("TrinityCare") provides a full range of palliative care and hospice care to patients nearing the end of life, including those at Providence Tarzana Medical Center.
- 19 10. Qui tam Relator Llorens Pembrook ("Relator" or "Dr. Pembrook") is a 20 citizen and resident of the State of California and brings this action on behalf of the
- 21 United States of America.
- 22 11. Dr. Pembrook has worked in the medical profession since graduating from
- the University of California at Davis School of Medicine in 1976.
- 24 | 12. Dr. Pembrook has designed and operated palliative care units since 1995,
- 25 including as Director of a start-up independent palliative unit from 1995-2005 and
- 26 Medical Director for Inpatient Hospice and Palliative Care for Sherman Oaks
- 27 | Hospital from 2003-2006.
- 28 | 13. In 2009 he was recruited by Providence Tarzana Medical Center's then CEO

14. In this role, Dr. Pembrook was responsible for developing all of the palliative care protocols at the hospital and was the palliative care representative on the hospital committees.

#### THE MEDICARE PROGRAM

- 15. Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 *et seq.*, establishes the Health Insurance for the Aged and Disabled Program, popularly known as the Medicare program. The Secretary of Health and Human Services ("HHS") administers the Medicare Program through the Centers for Medicare and Medicaid Services ("CMS").
- 16. The Medicare program is comprised of four parts. Medicare Part A ("Hospital Insurance") provides basic insurance for the costs of hospitalization and post hospitalization care. 42 U.S.C. §§ 1395c-i-5. Medicare Part B ("Medical Insurance") is a federally subsidized, voluntary insurance program that covers the fee schedule amount for doctors' services, outpatient care, medical supplies, and laboratory services, including facility dialysis treatments. 42 U.S.C. §§ 1395j-w-5. Medicare Part C ("Medicare Advantage Plans") is a plan offered by private insurers that contract with Medicare to provide Part A and Part B benefits. 42 U.S.C. §§ 1395w-21-w-28. Medicare Part D ("Prescription Drug Coverage") is a plan offered by private insurers approved by Medicare to provide basic insurance for prescription drugs. 42 U.S.C. §§ 1395w-101-w-154.
- 17. Reimbursement for Medicare Part A claims is made by the United States through CMS. Hospitals submit Medicare Part A claims directly to CMS, which in turn makes a standard, bundled payment based on a DRG diagnostic code.
- 18. Reimbursement for Medicare Part B claims is made by the United States through CMS. CMS, in turn, contracts with fiscal intermediaries to administer and

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- this capacity, the fiscal intermediaries act on behalf of CMS. 42 C.F.R. § 421.5(b).
- 3 Separate payments are made for each CPT procedural code listed on the Medicare
- 4 | Part B claims.
- 5 | 19. Reimbursement for Medicare Part C claims is made by the United States
- 6 through CMS. CMS makes fixed monthly payments to each Medicare Choice
- 7 | organization for each enrolled individual, i.e., a capitated payment.
- 8 20. Reimbursement for Medicare Part D claims is made by the United States
- 9 through CMS. CMS reimburses the insurance plans for a percentage of its
  - payments for prescription drugs.
  - 21. In order to receive Medicare funds, enrolled providers, including
  - Defendants, together with their authorized agents, employees, and contractors, are
  - required to abide by all the provisions of the Social Security Act, the regulations
  - promulgated under the Act, and all applicable policies and procedures issued by the
- 15 states.

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- 16 22. Among the rules and regulations which enrolled providers, including
- 17 Defendants, agree to follow are to: (a) bill Medicare for only those covered
- 18 services which are medically necessary; (b) not bill Medicare for any services or
- 19 items which were not performed or delivered in accordance with all applicable
- 20 policies, nor submit false or inaccurate information relating to provider costs or
- 21 services; (c) not engage in any act or omission that constitutes or results in over-
- 22 utilization of services; (d) comply with state and federal statutes, policies and
- 23 regulations applicable to the Medicare Program; and (e) not engage in any illegal
- 24 activities related to the furnishing of services to recipients.

#### FRAUDULENT SCHEME

23. Palliative care is a medical specialty that helps patients and their families live as fully as possible when faced with a life-threatening illness. Palliative care services may be provided during any phase of an illness, including active

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- treatments such as chemotherapy. It addresses physical, intellectual, emotional. social, and spiritual needs and facilitates patient autonomy, access to information, and choice.
- 24. The majority of palliative care patients at Tarzana were end-of-life, mostly suffering from terminal cancer.
- 25. When a Medicare beneficiary is admitted to the hospital, they are assigned a DRG code, depending on their diagnosis. A DRG, or diagnostic related grouping. is how Medicare categorizes hospitalization costs and determines how much to pay for a patient's hospital stay. Rather than paying the hospital for an itemized list of procedures, medications, and supplies, Medicare pays the hospital a fixed amount based on the patient's DRG.
- If the cost of treating the patient is less than the DRG reimbursement 26. amount, the hospital makes a profit. If the patient costs more than the DRG pays, however, the hospital loses money on that patient.
- 27. Thus the DRG payment structure incentivizes hospitals such as Providence Tarzana Medical Center to treat and discharge patients as quickly and efficiently as possible.
- 28. Since at least 2012, the administrators at Tarzana have exerted a great deal of pressure on the case managers and discharge planners to discharge patients to their homes or to skilled nursing facilities as soon as they are able.
- 29. The palliative care team is a valuable resource for the hospital, as it has been found to considerably speed up discharges through education, compassion, and assisting the patients and their families.
- General Inpatient Care (GIP) is a level of hospice care intended for a patient 30. for whom pain control or symptom management cannot be managed by the regular hospital staff. See 42 C.F.R. § 418.302(b)(4); see also Medicare Benefit Policy Manual, Chapter 9, § 40.1.5.
- 28 31. GIP care is intended to be short-term care only. See 42 C.F.R. § 418.302(f)

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- (capping payment for respite/GIP). 1
- 32. 2 Assigning a patient to GIP requires the hospital staff to certify that it lacks
- the capability to properly manage the patient's pain or symptoms and so requires 3
- 4 outside assistances.
- 33. Whereas the hospital is normally limited to the DRG payment, regardless of 5
- what treatments are required, once a patient is assigned to GIP, it can submit claims 6
- 7 for payment to Medicare for the provision of GIP services.
- The payment rate for GIP varies by year and location, but, for example, the 8 34. 9 unadjusted daily Medicare GIP rate for FY 2011 was \$652.27 per day.
  - 35. For those patients whom Tarzana had difficulty discharging, administrators, individually and by and through discharge planners and case managers, pressured
- Dr. Pembrook and the palliative care service to assign the patients to GIP. 12
  - Dr. Pembrook and his staff constantly heard from administrators that patients 36. needed to be assigned to GIP to "get them off the hospital books."
  - When a patient has been assigned to GIP at Tarzana or other Providence 37. facilities, contractors from TrinityCare take over the patient's care until the pain/symptoms subside.
- Providence owns the GIP provider, TrinityCare, and so assigning patients to 18 38. 19 GIP constitutes a windfall for Providence.
- 20 39. To the best of Dr. Pembrook's recollection, there was not a single patient under his watch at Tarzana whose symptoms were out of control, thereby necessitating GIP. 22
  - All of Tarzana's patient assignments to GIP were medically unnecessary and 40. unreasonable in the professional judgment of Dr. Pembrook, who was responsible for the palliative care of these patients.
- 26 41. In fact, on one occasion, Tarzana assigned a patient to GIP without Dr. Pembrook's knowledge or consent, and by the time TrinityCare arrived, he had 27 already resolved the patient's symptoms. TrinityCare stayed around to fill out the 28

- paperwork and provide support, and this patient was billed to Medicare for GIP.
- 2 | 42. Since TrinityCare is owned and operated by Providence, it never decides that
- a patient is ineligible for GIP, participates in the fraud by keeping the patients on
- 4 GIP for long periods, and Providence reaps all the profits of assigning a patient to
- 5 | GIP.
- 6 43. In fact, TrinityCare's Regional Palliative Care Director, Dr. Glenn
- 7 Komatsu, signs the certifications for GIP without ever even seeing the patients.
- 8 44. During the time the patient is on GIP, the hospital is able to continue 9 working on finding a place to discharge these patients, while being reimbursed for
- 10 their care.

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- 45. If the hospital is unable to safely discharge the patient at the end of their GIP
- period, they are unsafely discharged to their homes or SNFs.
- 46. Dr. Pembrook cannot recall a single instance at Tarzana where a patient was
- placed back into standard care after GIP.
- 15 | 47. Because the hospitalists group at Tarzana is underwritten by the hospital,
  - and they are facing similar pressures to open up beds for new, paying patients, they
  - readily sign off on these discharges.
- 18 48. The unsafe discharges of very sick patients became a point of contention
- 19 between Dr. Pembrook and the hospital administration.
- 20 | 49. On a near daily basis, Dr. Pembrook and the palliative care nurses faced a
- barrage of pressure to assign patients to GIP, and off the hospital's books.
- 22 50. Not only did case managers and discharge planners pressure him—as they
- were forced to do by the administration—but when Dr. Pembrook refused to assign
- 24 patients to GIP when it was medically unreasonable and unnecessary, pressure also
- 25 came from CEO (Jerry Clute), CMO (Glen Irani), CNO/COO Phyllis Bushart, and
- 26 the Risk Management department.
- 27 51. For two straight years, Dr. Pembrook had regular meetings and
- 28 communications with the hospital administrators (some at his request), in which he

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- explained his concerns with unsafe discharges and the strict criteria for GIP.
- 2 52. Dr. Pembrook can recall having requested, and held, at least two meetings with then CEO Jerry Clute.
- 53. Dr. Pembrook's concerns fell on deaf ears, however, and the administration became more intent on increasing the number of patients in GIP.
- 54. In fact, in one meeting, CEO Clute exclaimed "there must be some way to get around Medicare criteria for GIP."
  - 55. On at least one occasion, CEO Clute requested that Dr. Pembrook decline to administer or take patients off of pain management and comfort medications at end of life so that they would qualify for GIP.
  - 56. Dr. Pembrook, of course, refused.
  - 57. In a subcommittee meeting, CMO Irani told Dr. Pembrook, in front of approximately ten other committee members, to go along with the administration's demands or "get out."
  - 58. Palliative Care Nurse Laura Fairley and Tarzana Chief of Staff Alina Lopo also complained in committee meetings about patients being unsafely discharged to their homes.
  - 59. When Tarzana patients were to be admitted to GIP, the orders in the patient's charts indicated that the nurses and/or social workers were to call Dr. Glenn Komatsu, TrinityCare Regional Palliative Care Director, and not Dr. Pembrook, notwithstanding that Dr. Komatsu had no direct involvement with the patients or their families, and so was in no position to make any medical
- 23 determinations.
- 24 | 60. Dr. Komatsu signed the certifications that the patients qualified for GIP.
- 25 61. Dr. Pembrook had to monitor the patient charts daily to ensure that Dr.
- Komatsu, who again had no actual involvement with the patient, had not prescribed a dangerous course of treatment.
- 20 62 Dr. Dombro als around a protontis to be a site in its
- 28 | 62. Dr. Pembrook argued constantly to hospital administrators that this was bad

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- 1 medicine, having the orders of an off-site doctor supersede the doctor on-site, but
- 2 he was ignored.
- 3 | 63. In or about early spring 2014, Dr. Pembrook's right-hand woman, Palliative
- 4 Care Nurse Laura Fairley, resigned.
- 5 64. She had stood by Dr. Pembrook on his decisions not to assign patients to
- 6 GIP and had faced similar acts of retaliation.
- 7 65. The hospital changed her hours with no explanation, making it impossible for her to keep her position.
  - 66. Although Nurse Fairley was an integral part of the Palliative Care Service, including handling all of the service's statistical data and scheduling meetings with the patients' families, the administration made no moves to replace her.
  - 67. Dr. Pembrook met with CEO Clute and CNO Bushart to discuss the necessity of hiring a new Palliative Care Nurse, but she still was not replaced.
  - 68. Dr. Pembrook was now running the entire palliative care service almost entirely by himself, which was unsustainable.
  - 69. In or about late spring 2014, approximately eighteen months before Dr. Pembrook's contract would expire, CMO Irani began to look for his replacement.
  - 70. Dr. Pembrook learned from the hospital Chief of Staff that CMO Irani had been conducting interviews for Dr. Pembrook's replacement while he was on vacation.
- 71. From that point on, the administration made Dr. Pembrook's life miserable in an effort to push him out.
- 72. Dr. Pembrook was also excluded from the GIP decision-making process for his patients; instead, the hospital contracted with independent consultants to give their opinions as to whether the patients qualified for GIP, and did not tell Dr.
- Pembrook—Medical Director for the Palliative Care Service—that these consultations were taking place.
- 28 73. Dr. Pembrook requested a meeting with all of the administrators regarding

- the impropriety of his being excluded from decisions regarding the care of his own patients, but received no relief.
  - 74. There were additional instances of retaliation as well. For example, for each of the three months leading up to his constructive discharge, the hospital delayed his monthly stipend by approximately two weeks.
- 75. Another example, the nursing staff accused him of "euthanizing patients" and nothing was done about it.
  - 76. Yet another example, in the first quarter of 2014, the California Board of Medical Quality Assurance opened an investigation on his prescribing practices. This is the only review the Board had performed on Dr. Pembrook in his thirty-five years of practicing medicine, and, upon information and belief, it was instigated by the administration at Tarzana.
  - 77. On June 18, 2014, CEO Clute met with Dr. Pembrook and told him that someone "higher up" in Providence's regional administration was coming to the hospital to "oversee him."
  - 78. This was the final straw of a long series of retaliatory actions and hostile work environment created by Providence and Tarzana—including removing him from the decision-making process for his own patients, declining to give him the necessary support staff, interviewing his replacement while he still had over a year on his contract, verbally abusing and ostracizing him, and now assigning him a corporate supervisor—resulting in Dr. Pembrook's constructive termination on June 19, 2014.
  - 79. Upon information and belief, what Dr. Pembrook experienced firsthand has occurred across the entire Providence system, including but not limited to hospitals, hospices, and longterm care facilities (which, by billing patients as GIP, recover approximately three times as much as for routine care).
- 80. This belief is based on Dr. Pembrook's own personal experience and understanding of how Tarzana was operated, and that orders and decisions

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including but not limited to the creation and supervision of the palliative care programs, replacement of Tarzana hospital administrators, and pressures to move patients to GIP to increase profits, were made by Providence on a corporate level.

#### **COUNT I**

#### Violation of 31 U.S.C. § 3729 – Federal False Claims Act

- 8 81. Relator incorporates and realleges herein all other paragraphs as if fully set forth herein.
  - 82. As set forth above, Defendants, individually and by and through their agents, officers, and employees, knowingly presented or caused to be presented numerous false or fraudulent claims for payment or approval, in violation of the False Claims Act, 31 U.S.C. § 3729(a)(1)(A).
  - 83. As set forth above, Defendants, individually and by and through their agents, officers, and employees, knowingly made, used, or caused to be made or used, false records or statements material to numerous false claims, in violation of the False Claims Act, 31 U.S.C. § 3729(a)(1)(B).
  - 84. As set forth above, Defendants conspired to commit a violation of the False Claims Act, in violation of 31 U.S.C. § 3729(a)(1)(C).
- 20 85. Due to Defendants' conduct, the United States Government has suffered substantial monetary damages.
  - 86. The United States is entitled to treble damages based upon the amount of damage sustained by the United States as a result of the aforementioned violations of the Federal False Claims Act, 31 U.S.C §§ 3729-3733, in an amount that will be proven at trial.
- 26 87. The United States is entitled to a civil penalty of between \$5,500 and \$11,000 as required by 31 U.S.C. § 3729(a) for each of the fraudulent claims and statements.

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88.	Relator is also	entitled	to	reasonable	attorney's	fees	and	costs,	pursuant	to
31 U.S	S.C. § 3730(d)(1	.).								

#### **COUNT II**

#### Violation of 31 U.S.C. § 3730 – Retaliation

- 89. Relator incorporates and realleges herein all other paragraphs as if fully set forth herein.
- 90. Providence and Tarzana violated Relator Pembrook's rights pursuant to 31 U.S.C. § 3730(h) by retaliating against him for lawful acts done by him in furtherance of an action under the False Claims Act and other efforts to stop one or more violations of the False Claims Act, including but not limited to his constructive discharge.
- As a result of Defendants' actions, Relator Pembrook has suffered damages 91. in an amount to be shown at trial.

### PRAYER FOR RELIEF

WHEREFORE, Relator prays for judgment:

- (a) awarding the United States treble damages sustained by it for each of the false claims;
- (b) awarding the United States a civil penalty of \$11,000 for each of the false claims and statements:
- (c) awarding Relator 30% of the proceeds of this action and any alternate remedy or the settlement of any such claim;
- (d) awarding Relator special damages resulting from the retaliation pursuant to 31 U.S.C. § 3730(h);
- (e) awarding Relator his litigation costs and reasonable attorney's fees; and
- (f) granting such other relief as the Court may deem just and proper.

#### **DEMAND FOR JURY**

Pursuant to Fed. R. Civ. P. 38, the Relator hereby demands a trial by jury.

DATED: February 5, 2016

Respectfully Submitted,

KELLER GROVER LLP

By: KATHLEEN R SCANLAN

JEFFREY F. KELLER
Attorneys for Relator

#### **CERTIFICATE OF SERVICE**

I, NATALYA ALTMAN, am employed in the County of San Francisco, State of California. I am over the age of eighteen and not a party to the within action. My business address is 1965 Market Street, San Francisco, California 94103. On **February 5, 2016**, I served the foregoing document(s):

# COMPLAINT FOR VIOLATIONS OF THE FEDERAL FALSE CLAIMS ACT

#### NOTICE OF INTERESTED PARTIES

on the interested party(ies) as set forth below:

## Attorneys for United States

CERTIFICATE OF SERVICE

Attorneys for United States

CASE NO:

<b>N</b>										
	(BY UNITED STATES MAIL) I sealed the envelope(s), with postage									
	thereon fully prepaid, and on the date below, following ordinary business									
	practices, I placed it for collection and mailing in the United States Postal									
,	Service, in San Francisco, California.									
	(BY FEDERAL EXPRESS – PRIORITY OVERNIGHT MAIL) I placed a									
	true copy in a sealed envelope addressed as indicated above this date. I am									
	familiar with the firm's practice of collection and processing									
	correspondence for Federal Express delivery. It is deposited in a Federal									
	Express depository on that same day in the ordinary course of business for									
	delivery to the parties above the next business day.									
	(BY ELECTRONIC SERVICE) by electronically mailing a true and correct									
	copy in PDF format through our electronic mail system to the email									
	address(es) set forth above, or as stated on the attached service list per									
	agreement between the parties.									
	(BY FACSIMILE) By transmitting to a facsimile machine maintained by									
	the recipient at the facsimile machine telephone number as last given by									
	that person.									
	(BY PERSONAL SERVICE) I caused such envelope(s) to be delivered by									
	/ = 1 saon on velope(b) to be derivered by									

KELLER GROVER LLP 1965 Market Street, San Francisco, CA 94103 Tel. 415.543.1305, Fax 415.543.7861 

hand this date to the offices of the addressee(s).
(FEDERAL) I declare under penalty of perjury under the laws of the United States that the above is true and correct.

Executed on February 5, 2016, at San Francisco, California.

NATALYA ALTMAN

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## UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA CIVIL COVER SHEET

A STATE OF THE PARTY OF THE PAR	I. (a) PLAINTIFFS ( Ch	eck box if you are repi	resenting yourself []	) D	<b>DEFENDANTS</b> (Check box if you are representing yourself )							
	UNITED STATES ex rel. LLOR	RENS PEMBROOK		PI	PROVIDENCE HEALTH & SERVICES, et al							
	(b) County of Residence	e of First Listed Plai	ntiff Los Angeles	C	County of Residence of First Listed Defendant							
	(EXCEPT IN U.S. PLAINTIFF CA.	SES)		(IV	(IN U.S. PLAINTIFF CASES ONLY)							
	(c) Attorneys (Firm Nam representing yourself, pro			At re	Attorneys (Firm Name, Address and Telephone Number) If you are representing yourself, provide the same information.							
J	KELLER GROVER LLP 1965 MARKET STREET SAN FRANCISCO, CA 94103											
h	II. BASIS OF JURISDIC	TION (Place an X in c	one box only.)	III. CITIZ (Plac	ce an X in one bo	<b>INCIPAL PARTIES</b> -For Exfor plaintiff and one for c	Diversity Cases On lefendant)	ly				
	1. U.S. Government	1 1	uestion (U.S.	Citizen of 1			r Principal Place	PTF DEF				
	Plaintiff	Governmen	it Not a Party)	Citizen of A	Another State	of Business in t I proported a	nis State nd Principal Place	□ 5 □ 5				
	2. U.S. Government Defendant	4. Diversity of Parties in	(Indicate Citizenship		۔۔ ے Subject of a	of Business in A  3						
	IV. ORIGIN (Place an X	in one box only.)						<del></del>				
	1. Original 2.	Removed from State Court	3. Remanded from Appellate Court	4. Reinsta Reopei	1 1	insterred from Another	. Multi- District itigation					
	V. REQUESTED IN CON			ud		nly if demanded in com						
			Yes No			NDED IN COMPLAINT:	•					
	VI. CAUSE OF ACTION 31 U.S.C. 3729-33; False Clair			ng and wri	ite a brief statemer	it of cause. Do not cite jurisdi	ctional statutes unle	ess diversity.)				
-	VII. NATURE OF SUIT (	Place an X in one bo	ox only).		***************************************							
	OTHERSTATUTES	CONTRACT	REAL PROPERTY CONT	IM	MIGRATION	PRISONER PETITIONS	PROPERTY	RIGHTS				
ı	□ 375 False Claims Act	110 Insurance	240 Torts to Land	462	Naturalization	Habeas Corpus:	820 Copyright	1 24 5 1. AND AND ALL A.				
	400 State	120 Marine	245 Tort Product	Apr	plication	463 Alien Detainee	830 Patent	,				
	☐ Reapportionment ☐ 410 Antitrust	130 Miller Act	Liability 290 All Other Real		Other migration Actions	510 Motions to Vacate Sentence	840 Trademark	<				
	430 Banks and Banking	140 Negotiable	Property TORTS		TORTS	530 General	SOCIALSE					
	450 Commerce/ICC	Instrument 150 Recovery of	PERSONAL INJURY		Other Fraud	535 Death Penalty Other:	861 HIA (1395f					
	Rates/Etc. 460 Deportation	Overpayment & Enforcement of	310 Airplane		Truth in Lending		862 Black Lung					
	470 Racketeer Influ-	Judgment	315 Airplane Product Liability		Other Personal	540 Mandamus/Other 550 Civil Rights	863 DIWC/DIW					
	enced & Corrupt Org.	151 Medicare Act	320 Assault, Libel &		perty Damage	555 Prison Condition	864 SSID Title					
	480 Consumer Credit	152 Recovery of	Slander 330 Fed. Employers'		Property Damage duct Liability	560 Civil Detainee	865 RSI (405 (g					
	490 Cable/Sat TV	Defaulted Student Loan (Excl. Vet.)	Liability	1100	MKRUPTCY	Conditions of Confinement	FEDERALT/	النابية بمنابلة فالمستنب المستنب				
	850 Securities/Com- modities/Exchange	153 Recovery of	340 Marine 345 Marine Product		Appeal 28	FORFEITURE/PENALTY	B70 Taxes (U.S Defendant)	. Plaintill or				
	890 Other Statutory Actions	Overpayment of Vet. Benefits	Liability  350 Motor Vehicle	423	158 Withdrawal 28	625 Drug Related Seizure of Property 21 USC 881	871 IRS-Third I 7609	Party 26 USC				
	891 Agricultural Acts	160 Stockholders' Suits	355 Motor Vehicle		VIL RIGHTS	690 Other						
	893 Environmental	190 Other	Product Liability 360 Other Personal		Other Civil Rights	LABOR						
	→ Matters → 895 Freedom of Info.	Contract	☐ Injury		Voting	710 Fair Labor Standards						
	Act	195 Contract Product Liability	362 Personal Injury- Med Malpratice	442	Employment	720 Labor/Mgmt.		•				
	896 Arbitration	196 Franchise	365 Personal Injury- Product Liability		Housing/ ommodations	Relations						
	899 Admin. Procedures	REAL PROPERTY	367 Health Care/	445	American with	740 Railway Labor Act						
	<ul> <li>Act/Review of Appeal of Agency Decision</li> </ul>	210 Land Condemnation	Pharmaceutical Personal Injury		bilities- ployment	751 Family and Medical Leave Act						
		220 Foreclosure	Product Liability	m 446	American with	790 Other Labor Litigation						
	950 Constitutionality of State Statutes	230 Rent Lease & Ejectment	368 Asbestos Personal Injury Product Liability		Education	791 Employee Ret. Inc.	,					
-			All al	-	1002	5000						
***	FOR OFFICE USE ONLY:	Case Number				Ö						
(	CV-71 (10/14)		CIV	IL COVER			Pa	ge 1 of 3				

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## UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA CIVIL COVER SHEET

VIII. VENUE: Your answers to the questions below will determine the division of the Court to which this case will be initially assigned. This initial assignment is subject to change, in accordance with the Court's General Orders, upon review by the Court of your Complaint or Notice of Removal.

QUESTION A: Was this case removed from state court?	STATE CASE WAS PENDING (	NTHE COUN	TY OF:	11.31	INITIALDI	/ISION IN CACD IS:		
Yes X No	Los Angeles, Ventura, Santa Barbara, or	Western						
If "no," skip to Question B. If "yes," check the box to the right that applies, enter the	Orange	Southern						
corresponding division in response to Question E, below, and continue from there.	Riverside or San Bernardino				Eastern			
and the state of t	.l.	100		0.101				
QUESTION B: Is the United States, or	<b>B.1.</b> Do 50% or more of the defendants who	reside in	YES. Your case will initially be assigned to the Southern Divisio.					
one of its agencies or employees, a PLAINTIFF in this action?	the district reside in Orange Co.?  check one of the boxes to the right		Enter "Southern" in response to Question E, below, and continue from there.					
X Yes No			NO. Continue to Question B.2.					
If "no, " skip to Question C. If "yes," answer Question B.1, at right.	<b>B.2.</b> Do 50% or more of the defendants who the district reside in Riverside and/or San Bel Counties? (Consider the two counties toget)	rnardino	YES. Your case will initially be assigned to the Eastern Division.  Enter "Eastern" in response to Question E, below, and continue from there.					
	check one of the boxes to the right		NO. Your case will initially be assigned to the Western Division.  Enter "Western" in response to Question E, below, and continue from there.					
QUESTION C: Is the United States, or	C.1. Do 50% or more of the plaintiffs who re	side in the	100 200 200 110 200 110	2000				
one of its agencies or employees, a DEFENDANT in this action?	district reside in Orange Co.?	side iii tile	YES. Your case will initially be assigned to the Southern Division.  Enter "Southern" in response to Question E, below, and continue from there.					
Yes 🗷 No .			NO. Continue to Question C.2.					
If "no, " skip to Question D. If "yes," answer Question C.1, at right.	C.2. Do 50% or more of the plaintiffs who re district reside in Riverside and/or San Bernard Counties? (Consider the two counties together)	dino	YES. Your case will initially be assigned to the Eastern Division.  Enter "Eastern" in response to Question E, below, and continue from there.					
	check one of the boxes to the right	·	NO. Your of Enter "Wes	our case will initially be assigned to the Western Division. Western" in response to Question E, below, and continue nere.				
QUESTION D: Location of plaintiff	s and defendants?	Orang	<b>A.</b> e County	100000	<b>B.</b> verside or San nardino County	C. Los Angeles, Ventura, Santa Barbara, or San Luis Obispo County		
Indicate the location(s) in which 50% or r reside. (Check up to two boxes, or leave	•					×		
Indicate the location(s) in which 50% or r district reside. (Check up to two boxes, o apply.)	nore of <i>defendants who reside in this</i> r leave blank if none of these choices	]				×		
		Constant Constant		300 (15)				
D.1. Is there at least one		D.2. Is there at least one answer in Column B?  Yes No						
Yes	No No							
lf "yes," your case will initial SOUTHERN D	IVISION.	If "yes," your case will initially be assigned to the EASTERN DIVISION.						
Enter "Southern" in response to Question	E, below, and continue from there.	Enter "Eastern" in response to Question E, below.						
If "no," go to question	D2 to the right.	If "no," your case will be assigned to the WESTERN DIVISION.  Enter "Western" in response to Question E, below.						
QUESTION E: Initial Division?			INI	IAL DIV	JISION IN CACD			
Enter the initial division determined by Q	uestion A, B, C, or D above:	1.00	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	W	ESTERN	gentre generalismen — — generalismen delegações de generalisment		
QUESTION F: Northern Counties?								
Do 50% or more of plaintiffs or defendant	ts in this district reside in Ventura, Santa	Barbara, or	San Luis Obis	po cou	nties?	′es 🔀 No		
CV-71 (10/14)	CIVIL COVER SI	HEET			1	Page 2 of 3		

# Case 2:16-cv-00835-SVW-RAO Document 1 Filed 02/05/16 Page 23 of 23 Page ID #:54 UNITED STATL DISTRICT COURT, CENTRAL DISTRICT OF CALL ORNIA CIVIL COVER SHEET

IX(a). IDENTICAL CA	X NO	YES							
If yes, list case num									
IX(b). RELATED CASES: Is this case related (as defined below) to any civil or criminal case(s) previously filed in this court?    X   NO   YES									
If yes, list case num	ber(s):								
Civil cases are re	lated when they	(check all that apply):							
A. Arise from the same or a closely related transaction, happening, or event;									
B. Call	for determination	n of the same or substantially related or similar questions of law and fact; or	d fact; or						
C. For	other reasons wo	uld entail substantial duplication of labor if heard by different judges.							
Note: That cases	may involve the	same patent, trademark, or copyright is not, in itself, sufficient to deem case	es related.						
A civil forfeiture	case and a crim	inal case are related when they (check all that apply):							
A. Arise	e from the same	or a closely related transaction, happening, or event;							
B. Call	for determinatio	n of the same or substantially related or similar questions of law and fact; or							
C. Invo	olve one or more heard by differe	defendants from the criminal case in common and would entail substantial nt judges.	duplication of						
X. SIGNATURE OF AT (OR SELF-REPRESENT		: May U Sur DAT	E: 02/05/16						
neither replaces nor sup	plements the filir	ion of this Civil Cover Sheet is required by Local Rule 3-1. This Form CV-71 and and service of pleadings or other papers as required by law, except as pronstruction sheet (CV-071A).	and the information ovided by local rule	n contained herein es of court. For					
Key to Statistical codes relat	ting to Social Secur	ity Cases:							
Nature of Suit Code	-	Substantive Statement of Cause of Action							
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Socinclude claims by hospitals, skilled nursing facilities, etc., for certification as provide (42 U.S.C. 1935FF(b))	ial Security Act, as an ers of services under	nended. Also, the program.					
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine H 923)	ealth and Safety Act o	of 1969. (30 U.S.C.					
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405 (g))	the Social Security Ac	t, as amended; plus					
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under amended. (42 U.S.C. 405 (g))	er Title 2 of the Social	Security Act, as					
864	SSID	All claims for supplemental security income payments based upon disability filed $\boldsymbol{u}$ amended.	under Title 16 of the S	Social Security Act, as					
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social (42 U.S.C. 405 (g))	Security Act, as amer	nded.					

CV-71 (10/14)